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## BIB DATA SHEET

CONFIRMATION NO. 8808

<b>SERIAL NUMBER</b> 10/552,083	<b>FILING or 371(c) DATE</b> 10/04/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 17711(AP)		
<b>APPLICANTS</b> David W. Old, Irvine, CA; Danny T. Dinh, Garden Grove, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/19409 06/02/2005 which claims benefit of 60/584,962 07/02/2004 and claims benefit of 60/600,165 08/09/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/30/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KAHSAY HABTE/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> ALLERGAN, INC. 2525 DUPONT DRIVE, T2-7H IRVINE, CA 92612-1599 UNITED STATES						
<b>TITLE</b> Prostaglandin analogs						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		